MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/590983

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ᴺᴰ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ᴺᴰ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		3					54		/				
5		3					55		/				
6	/						56	/					
7		/					57		/				
8		/					58		/				
9		/					59		/				
10		/					60	/					
11	/						61		/				
12		/					62		/				
13		/					63		/				
14		/					64	/					
15		/					65		/				
16							66	/					
17	/						67		/				
18		/					68		/				
19		/					69		/				
20		/					70	/					
21		/					71		/				
22							72		/				
23							73		/				
24		/					74		/				
25		/					75		/				
26		/					76	/					
27		/					77		/				
28	/						78		/				
29		/					79		/				
30		/					80		/				
31		/					81	/					
32		/					82	/					
33		/					83		/				
34		/					84	/					
35	/						85		/				
36		/					86	/					
37		/					87	/					
38		/					88	/					
39		/					89						
40		/					90						
41		/					91						
42	/						92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	21	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	71	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	92					